

BARTHOLOMEW COUNTY HEALTH DEPARTMENT

440 THIRD STREET, SUITE 303

COLUMBUS, IN 47201-6798

PHONE: (812) 379-1550 FAX: (812) 379-1040

LICENSE APPLICATION FOR RETAIL FOOD ESTABLISHMENT

DATE: _____ LICENSE FEE: _____

NAME OF ESTABLISHMENT: _____

ADDRESS OF ESTABLISHMENT: _____

CITY: _____ STATE: _____ ZIPCODE: _____ PHONE: _____

EMERGENCY CONTACT INFORMATION: PHONE: _____ FAX: _____
EMAIL: _____

MAIL LICENSE/INSPECTION REPORT TO: _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____ PHONE: _____

PLEASE SEND A SELF-ADDRESSED STAMPED ENVELOPE (6X9) TO RETURN YOUR
LICENSE.

PLEASE SUBMIT THIS APPLICATION WITH CHECK OR MONEY ORDER PAYABLE
TO: **BARTHOLOMEW COUNTY HEALTH DEPARTMENT**

THE RETAIL FOOD ESTABLISHMENT LICENSE EXPIRES ON DECEMBER 31. THE
LICENSE IS NOT REANSFERABLE AND SHALL BE POSTED IN A CONSPICUOUS
PLACE IN THE RETAIL FOOD ESTABLISHMENT.

THE APPLICAT'S SIGNATURE CONFIRMS THE ABOVE FACILITY IS IN
COMPLIANCE WITH INDIANA STATE DEPARTMENT OF HEALTH RULE 410 IAC 7-
24 AND BARTHOLOMEW COUNTY CODE TITLE 11, CHAPTER 110.

SIGNATURE OF APPLICANT

DATE